US LACROSSE ETHICAL BEHAVIOR GRIEVANCE FORM

Date Filed: _____

Name of Grievant: _____

Address: _____

City_____ State _____ Zip_____

Phone: (_____) _____ Email_____

Name of Umpire: _____

Local Board Chair: _____

Region: _____

Super Region Chair: _____

Date and Time of Incident: _____

Event and Location: _____

In the space provided, or on an attached sheet, please provide a detailed description of the incident. Please be specific, including the names of all parties involved.

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Please give names, addresses, and phone numbers of all persons who witnessed the reported incident.

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If you believe the Umpire holds a Local, Apprentice, or Junior/Youth rating, or you do not know, please submit Grievance Form to the Local Board Chair for the home district of the Umpire. If you believe the Umpire to hold a rating of District or higher, please submit Form to the Chair of the Ethics Committee of the Women's Division Officials Council, Linda Thayer, via email to linda.thayer@finnegan.com or by mail to 39 Beethoven Ave., Newton, MA 02468.